# WAYSA Referee Payment Form

(U10, U12, U14, U18, and O30 only)

## Fall 2010

www.waysa-soccer.org

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____ Phone _____

Certified Referee Identification No. & Expire Date:_____ M/D/Y _____

| Date | Age Group & Boys/Girls | Home Team Town & Name | Home Coach Signature | Game Number |
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For U14 and U18G Indicate if you were an assistant referee, marked as "AR", in the Game number column for a playoff game)

*I certify that I have officiated all the games listed on this form.*

_____ _____

Signature Date

**NOTE** : Payment Dates: 10/15 & 11/15 (Duplicate as needed)

*Check Referee License (only 1)*

U10 WAYSA trained _____

State Referee Gr 9,8,7 _____

**FOR PAYMENT:** mail to-> Wayne Adams, PO Box 1127,104 Merriam Rd., Princeton, MA 01541

**Any Questions**: email treasurer@waysa-soccer.org